

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 18, 2002 8:00 am
Secretary of State

08-18-2002 90125 024 ****50.00

DOCUMENT #

1. Entity Name

JAMES Hotels LLC ✓

DO NOT WRITE IN THIS SPACE

974697

2. Principal Place of Business

20967 US 19 North

3. Mailing Address

20967 US 19 North

Suite, Apt., etc.

Holiday Inn.

Suite, Apt., etc.

DO NOT WRITE IN THIS SPACE

City & State

Clearwater FL

City & State

Clearwater FL

4. FEI Number

760662904

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Anthony Menna

Street Address (P.O. Box Number is Not Acceptable)

21030 US 19 N

City

Clearwater

FL

33765

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature of or printed name of registered agent and title if applicable.

MANAGING member

8/14/2002

DATE

FEE IS \$50.00

Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MANAGING member
ANTHONY MENNA
790 Eldorado Ave
Clearwater FL 33768

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

8/14/2002. 796002 ✓

CR2E083B (12/01)